

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  903-05		OMB Approval No. 0348-0038	Page of 1	1 pages
3. Recipient Organization (Name and complete address, including ZIP code)  Alaska Primary Care Association, Inc. 903 W. Northern Lights Blvd., Suite 200, Anchorage, AK 99503						
4. Employer Identification Number 92-0154822		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 3/1/2005		To: (Month, Day, Year) 4/30/2007		9. Period Covered by this Report From: (Month, Day, Year) 4/1/2007		To: (Month, Day, Year) 4/30/2007
10. Transactions:				I Previously Reported	II This Period	III Cumulative
a. Total outlays				75,000.00	13,061.00	88,061.00
b. Recipient share of outlays						0.00
c. Federal share of outlays				75,000.00	13,061.00	88,061.00
d. Total unliquidated obligations						
e. Recipient share of unliquidated obligations						
f. Federal share of unliquidated obligations						
g. Total Federal share(Sum of lines c and f)						88,061.00
h. Total Federal funds authorized for this funding period						115,000.00
i. Unobligated balance of Federal funds(Line h minus line g)						26,939.00
11. Indirect Expense						
a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate		c. Base		d. Total Amount		e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title MARILYN WALSH KASMAR					Telephone (Area code, number and extension) 907-929-2725	
Signature of Authorized Certifying Official					Date Report Submitted	